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FEE TRANSMITTAL for FY 2003 <small>Patent fees are subject to annual revision.</small>		Complete if Known		
		Application Number	09/228,894-Conf. #7984	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	January 11, 1999	
		First Named Inventor	Yoshihiro Ono	
		Examiner Name	C. Tran	
		Group Art Unit	2644	
TOTAL AMOUNT OF PAYMENT (\$)		110.00	Attorney Docket No.	K3281.0005/P005
METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)		
<input type="checkbox"/> Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None		3. ADDITIONAL FEES		
<input type="checkbox"/> Deposit Account		Large Entity Small Entity		
Deposit Account Number 50-2215		Fee Code Fee (\$)		
Deposit Account Name Dickstein Shapiro Morin & Oshinsky LLP		Fee Code Fee (\$)		
The Commissioner is hereby authorized to: (check all that apply)		Fee Description		
<input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments		Fee Paid		
<input type="checkbox"/> Charge any additional fee(s) during the pendency of this application				
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.				
FEE CALCULATION				
1. BASIC FILING FEE				
Large Entity Small Entity				
Fee Code Fee (\$)				
Fee Code Fee (\$)				
Fee Description				
Fee Paid				
1001 750 2001 375 Utility filing fee				
1002 330 2002 165 Design filing fee				
1003 520 2003 260 Plant filing fee				
1004 750 2004 375 Reissue filing fee				
1005 160 2005 80 Provisional filing fee				
SUBTOTAL (1) (\$)		0.00		
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE				
Total Claims ** =				
Independent Claims ** =				
Multiple Dependent				
Large Entity Small Entity				
Fee Code Fee (\$)				
Fee Code Fee (\$)				
Fee Description				
1202 18 2202 9 Claims in excess of 20				
1201 84 2201 42 Independent claims in excess of 3				
1203 280 2203 140 Multiple dependent claim, if not paid				
1204 84 2204 42 ** Reissue independent claims over original patent				
1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent				
SUBTOTAL (2) (\$)		0.00		
**or number previously paid, if greater; For Reissues, see above				
		Other fee (specify)		
		*Reduced by Basic Filing Fee Paid		
		SUBTOTAL (3) (\$)		
		110.00		
SUBMITTED BY		Complete (if applicable)		
Name (Print/Type) Steven I. Weisburd		Registration No. (Attorney/Agent) 27,409		
Signature		Telephone (212) 896-5486		
		Date February 24, 2003		